

MULTIPLE  
DEALER  
FEE CALCULATOR  
CLAIM  
SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							*	*
2							61	
3							62	
4							63	
5							64	
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35							94	
36							95	
37							96	
38							97	
39							98	
40							99	
41							100	
42							TOTAL IND.	
43							TOTAL DEP.	
44							TOTAL CLAIMS	
45								
46								
47								
48								
49								
50								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS